

## REMARKS

The examiner stated claims 15-18 were rejected as the claims were not described in the specification.

The examiner stated, "In claim 15 the limits of "optionally deleting the job file and the job data" was not described in the specification.

At page 10 lines 8-15 the option for deleting the job data is described.

The examiner stated, "In claim 17 the limits of "keeping the patient data on a hard drive when the job is completed" and "creating multiple back up jobs until all back up data is assigned to a back up job" was not described in the specification.

Although the term hard drive does not appear in the application the application does describe the use of a computer 30. Computer 30 as depicted in Fig 1 typically has a hard drive for storing data and it is generally understood by those skilled in the art that the image data received would be stored on the hard drive. On page 5 line 16 it states that received data is stored in computer 30. On page 5 line 29 it states that the new files are stored in temporary directory 63. The phrase "keeping the patient data on a hard drive when the job is completed" would relate back to the data received. As the specification stated the build image directory does not delete the data received until it is no longer needed see page 8 lines 17-29. The task of "creating multiple back up jobs until all back up data is assigned to a back up job" is also part of the build image directory function. Further, the backup process may add several files to one disc and the data is kept until the backup disc is created, (see page 9 line 21 to page 10 line 4).

The applicant believes that all the claim language is clearly understood by one skilled in the art by reading the specification.

The examiner rejected claims 15, 16 and 18 as being obvious over Pelanek in view of Murry, Koritzinsky Kahle and Laney Et al.

None of the prior art cited by the examiner show how to stop the data stream to break it into patient files and then to extract the patient file information for printing on the disc or for creating a directory by patient and study.

The claim language in claim 15 is "extracting patient and study information from the medical data received". Neither Murry nor any other prior art patents cited perform this task. Murry does not show how to break the data stream into patient files. The claim is for extracting the data for a patient and tracking in a directory and printing it on a label. The task of making records per patient was always done manually prior to the invention. The task of making labels for each disc was always a manually driven task and not automatic since there was no system for extracting data per patient from data streams prior to the invention.

The invention greatly improves record keeping and data storage and was never performed prior to the applicant providing the software to accomplish the tasks of separating out a single patient's data from a stream of data and for organizing the patient data and printing labels on discs. The ability to organize patient data and study data from a data stream was not done prior to the invention by the applicant and therefore the solution to the problem is believed not to be obvious as nobody provided the service despite the need. Further, the product has been accepted in the marketplace because of the advantages it provides as a labor saving device, further showing that it was not obvious to do so prior to the applicant providing the invention.

Claim 17 was not rejected as being obvious over the prior art and is therefore believed to be allowable now that claims 15 and 17 are allowable over the 112 rejection.

Claims 19 and 20 have been added which were objected to claims in paper number 3 mailed 7/23/2004. In that office action the examiner objected to claims 11 and 12 which are now represented in an amended form to overcome the objections in paper number 3.

Claims 19 and 20 are therefore believed to be allowable.